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INDIVIDUAL INCOME TAX WORKSHEET - Tax Year _____

Taxpayer Name: _____ **SSN:** _____ **DOB:** _____

Occupation: _____ Phone: (C) _____ (H) _____ (W) _____

Email Address: _____

Spouse Name: _____ **SSN:** _____ **DOB:** _____

Occupation: _____ Phone: (C) _____ (H) _____ (W) _____

Email Address: _____

Address: _____

City/State/Zip: _____

DEPENDENTS (List only children/dependents you are eligible to claim on your tax return)

Name: _____ Name: _____ Name: _____

SSN: _____ SSN: _____ SSN: _____

DOB: _____ DOB: _____ DOB: _____

Relationship: _____ Relationship: _____ Relationship: _____

Income (Wages, Interest, Retirement, Etc): Please provide all W2's, 1099s, and other items received for the current tax year

Health Insurance: Please furnish any 1095-A, 1095-B, or 1095-C received or your coverage information (required if you are enrolled in Marketplace Health Insurance Coverage).

Itemized Deductions

Medical Expenses (out of pocket):

Prescriptions/Drugs _____

Doctors/Dentists _____

Hospital/Nursing _____

Insurance Premiums _____

Long-Term Care (T) _____

Long-Term Care (S) _____

Medical Lodging _____

Medical Mileage _____

Interest You Paid:

Home Mortgage _____

**Enclose Form 1098

Investment Interest _____

Self Financed _____

Mortgage Interest _____

Miscellaneous:

Teaching Exp _____

Student Loan _____

Interest _____

**Enclose _____

Form 1098-E _____

Contributions:

Cash or Check _____

Taxes:

State Income Tax _____

Sales Tax (Vehicles) _____

Real Estate (Home) _____

Real Estate (Other) _____

Prop Tax (Vehicle) _____

Prop Tax (Other) _____

Non-Cash Contributions _____

Charitable Miles _____

Gambling Income/Expense

Winnings _____

Losses _____

**Please include all W-2G's received.

Estimated Taxes paid for current tax year

	<u>Date Paid</u>	<u>Federal</u>	<u>State</u>
Due April 15th	_____	_____	_____
Due June 15th	_____	_____	_____
Due Sep 15th	_____	_____	_____
Due Jan 15th	_____	_____	_____

See Next Page

Child Care ExpenseChild 1Child 2Child 3

Child Name _____

Amount Paid _____

Name and Address of Daycare Provider (s)Providers EIN/SSNAmount Paid_____

_____**Education Credits**Child 1Child 2

Student/Dependent Name _____

Student was enrolled at least 1/2 time Yes _____ No _____

Yes _____ No _____

Student Completed first four years? Yes _____ No _____

Yes _____ No _____

Name of Educational Institution _____

Address of Education Institution _____

Amount of Qualified Tuition/Fees **Paid** _____

Books/Supplies/Computer required to
be purchased from the institution _____

Note: Please include a Form 1098-T or other Tuition statements and documentation to support the tuition credits.The credit is based upon amount "**paid**", not what was billed.**IRA Contributions**

Amount contributed to Traditional IRA (T) _____ Roth IRA (T) _____

Amount contributed to Traditional IRA (S) _____ Roth IRA (S) _____

Rental/Royalty Income and Expenses

Property 1

Property 2

Property 3

Property 4

Total

Description _____

Rent or Royalties Received _____

Expenses

Advertising _____

Association Dues _____

Auto & Travel _____

Cleaning and Maintenance _____

Commissions _____

Gardening _____

Insurance _____

Legal & Professional _____

Interest _____

Painting _____

Pest Control _____

Repairs _____

Supplies _____

Taxes _____

Utilities _____

Other _____

Please list any rental property or equipment purchased/sold during the year (include any closing statements)